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EXHIBIT "C"

DEPARTMENT OF CORRECTIONS Mail Number: **INMATE REQUEST** Team Number: (Instructions on Back) Institution: TO: Warden Classification Medical Other (Check One) Asst. Warden Security Dental Inmațe Name **DC** Number Job Assignment Quarters FROM: Hlm 10165 12-116 REQUEST All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All informal grievances will be responded to in writing. DO NOT WRITE BELOW THIS LINE RESPONSE DATE RECEIVED: [The following pertains to informal grievances only: Based on the above information, your grievance is . (Returned, Denied, or Approved). If your informal grievance is denied, you have the right to submit a farmal grievance in accordance with Chapter 33-103.006, F.A.C.] Official (Signature): Date: Distribution: Pink -Retained by official responding, or if the response is to an White -Returned to Inmate Canary -Returned to Inmate informal grievance then forward to be placed in inmate's file.

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